

Figure 1

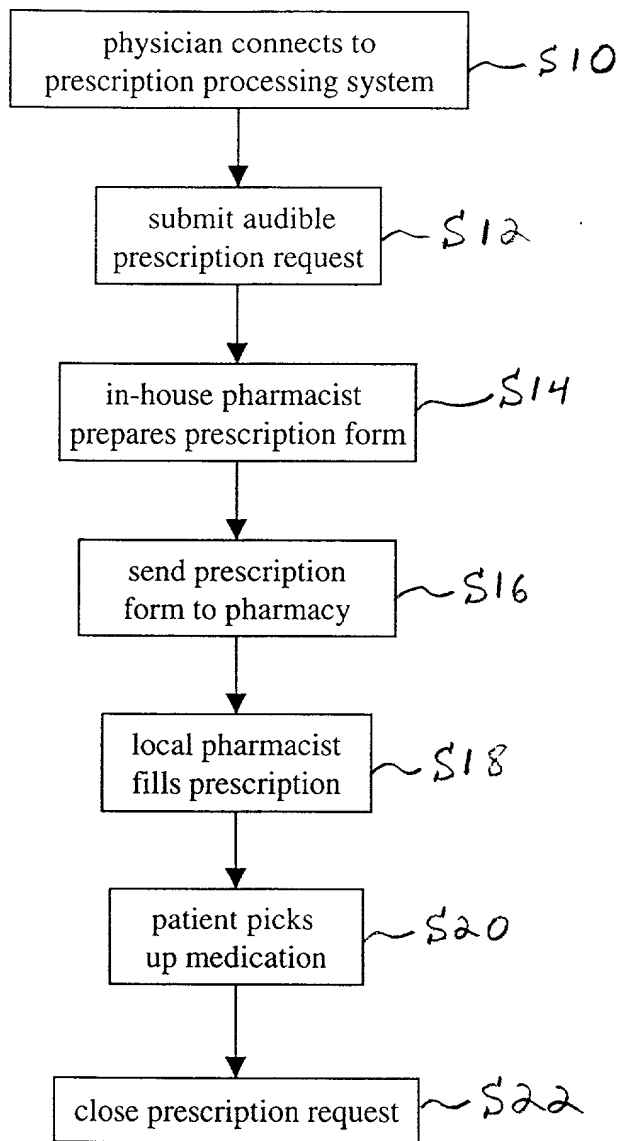


Figure 2

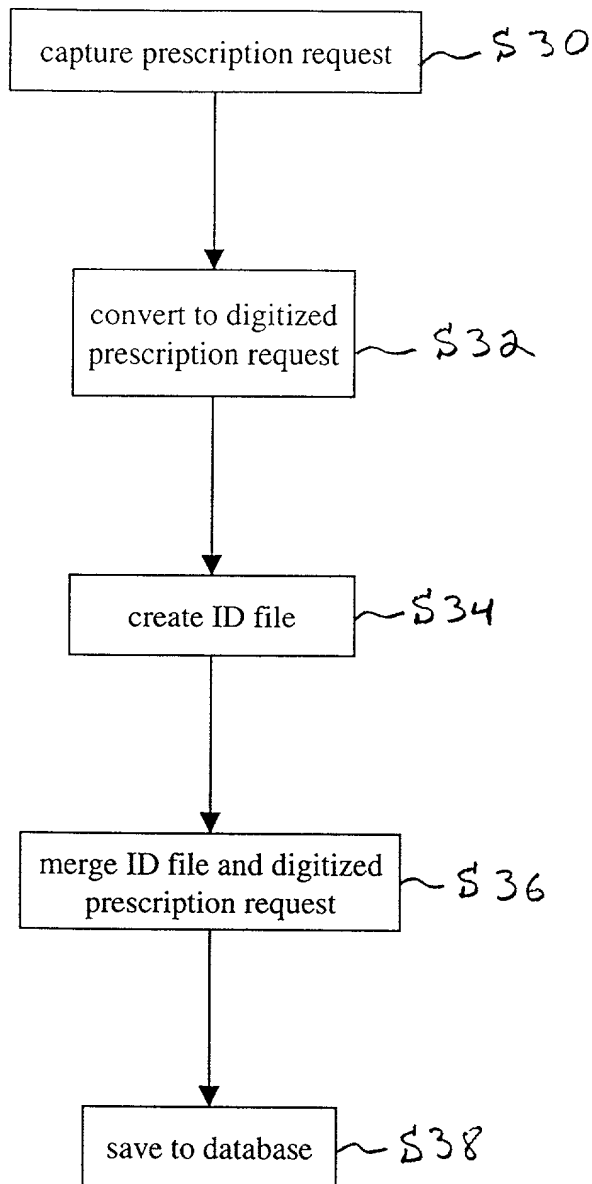


Figure 3

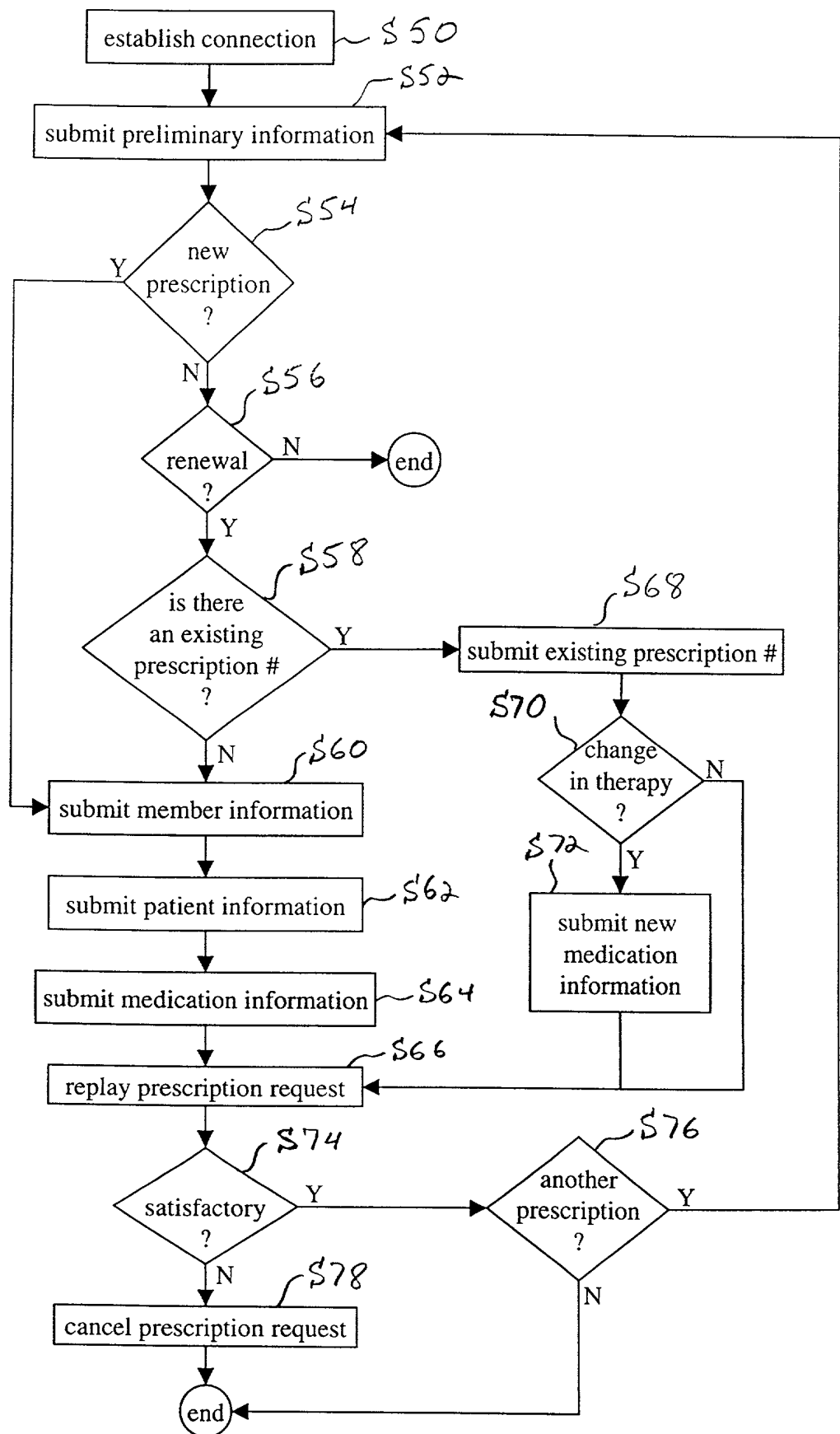


Figure 4

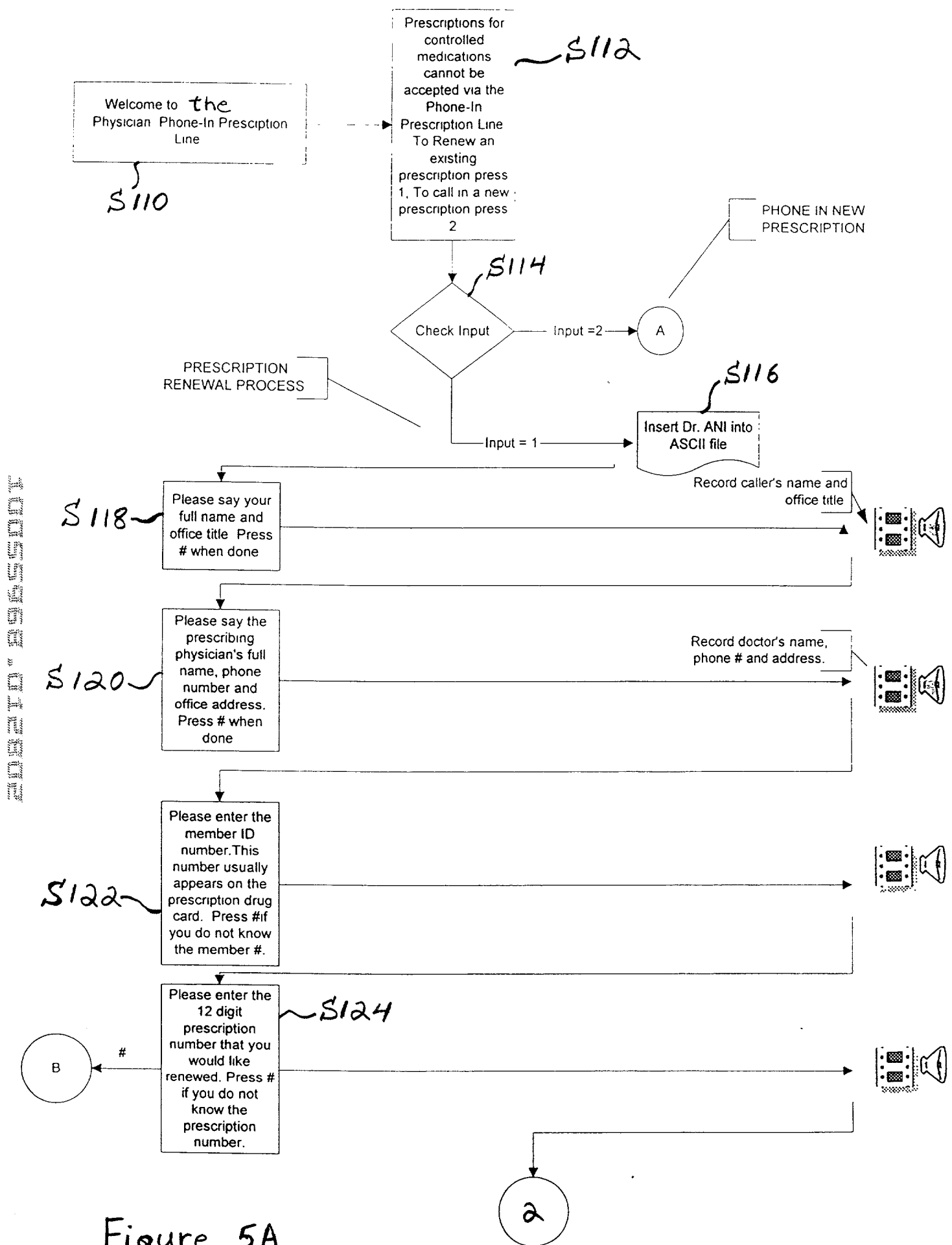


Figure 5A

2025-01-01 10:00:00

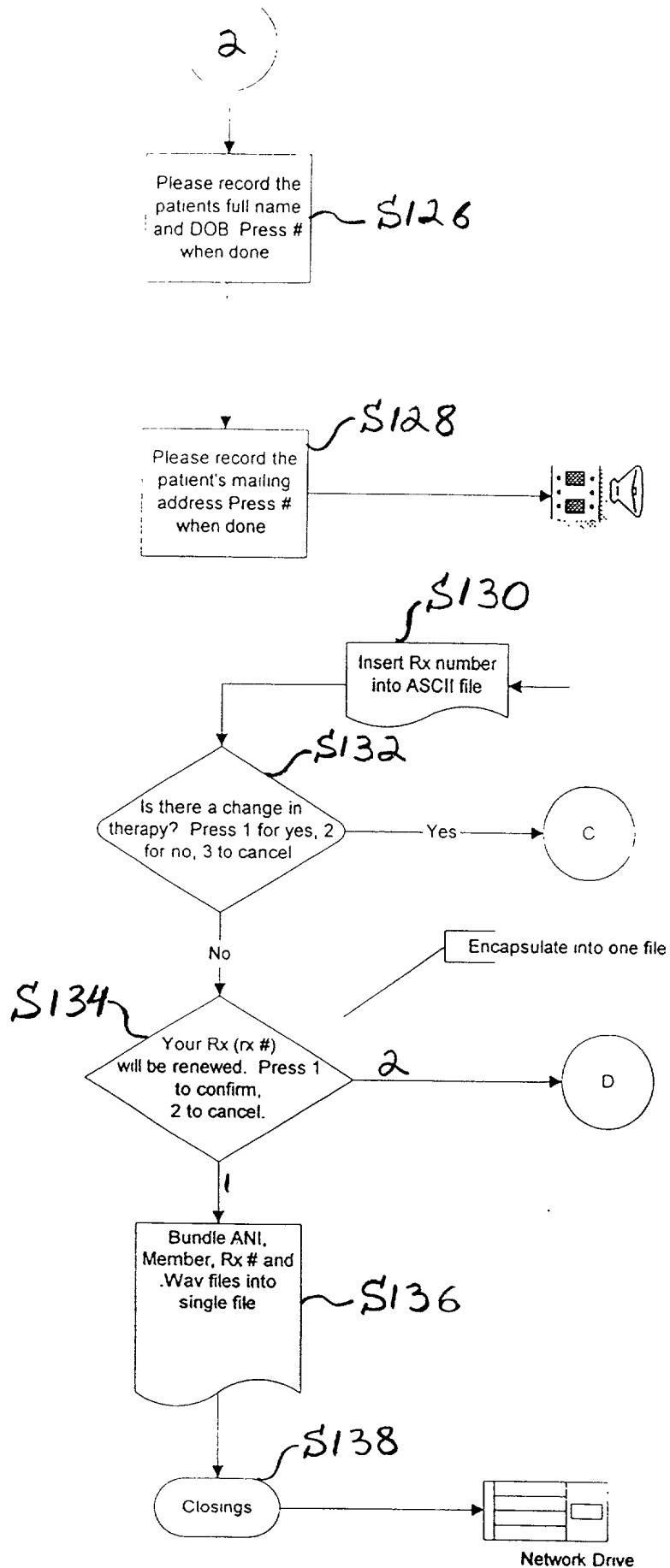


Figure 5B

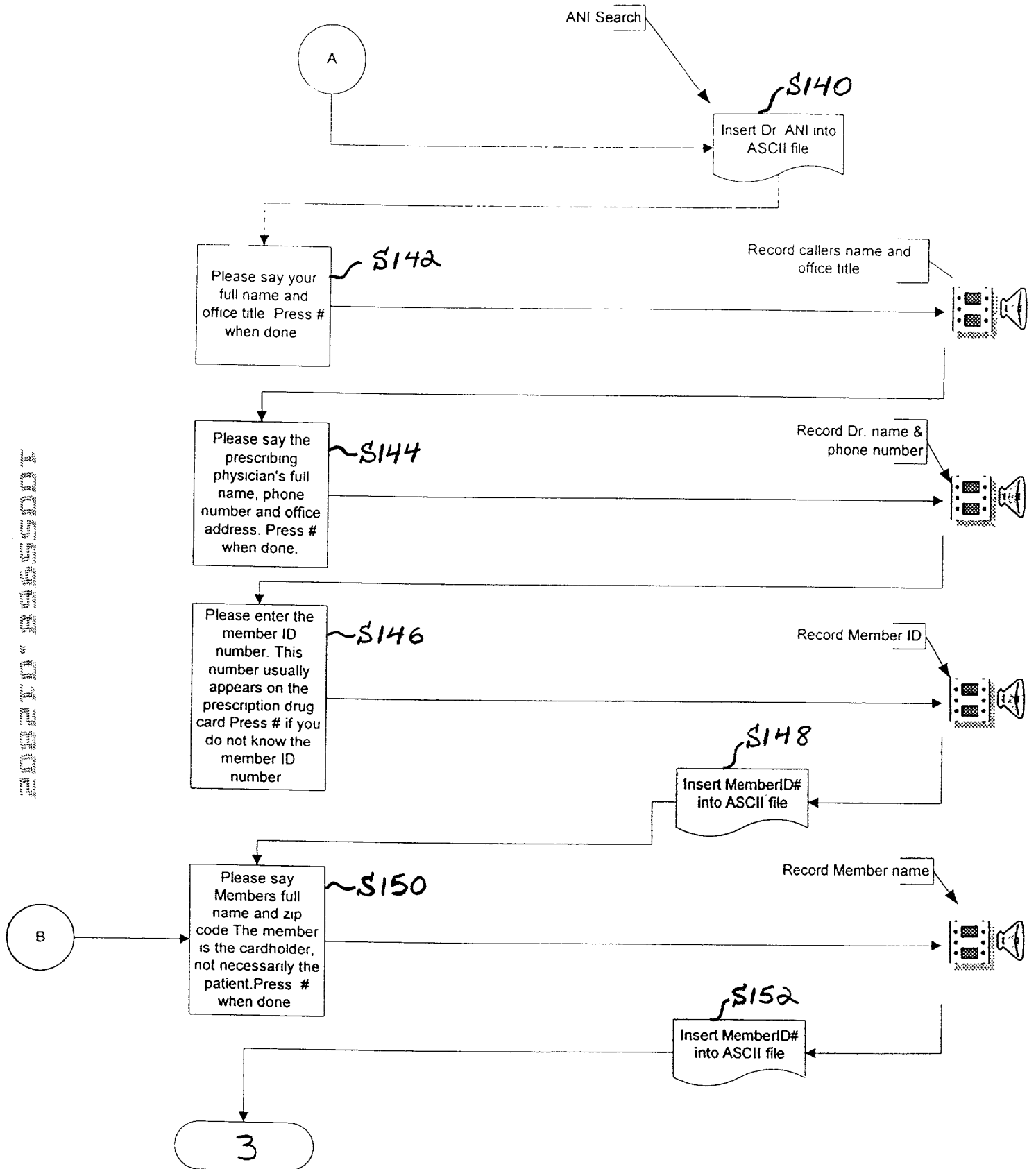


Figure 5C

RECEIVED

This group of recordings will be saved as the admin info "member id" wav file. This wav file along with the drug info "member id" wav file will be sent to pre-defined email location(s) for transcription. The subject field will be comprised of a numbering scheme that will uniquely identify the record while associating the two wav files.

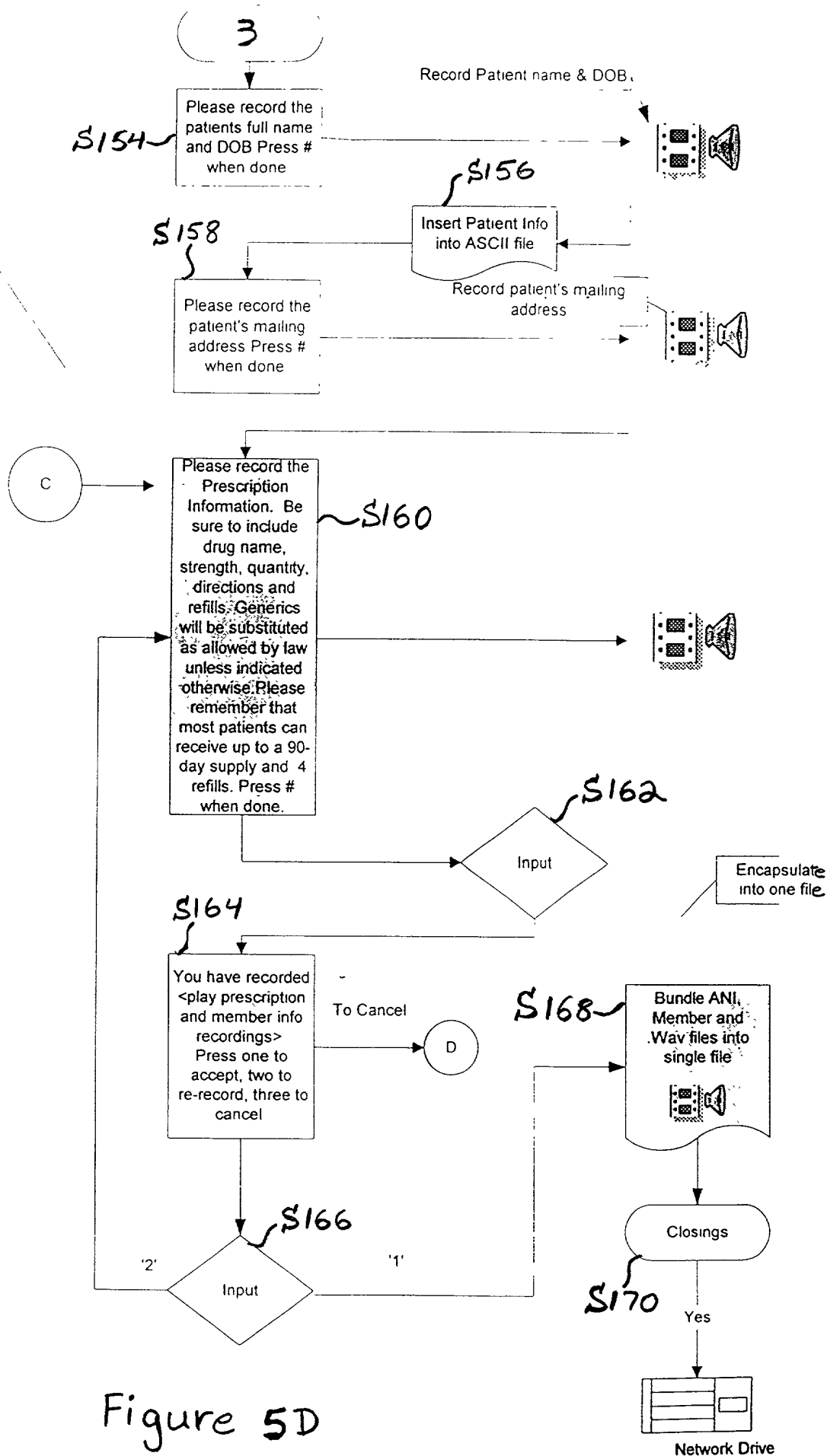


Figure 5D



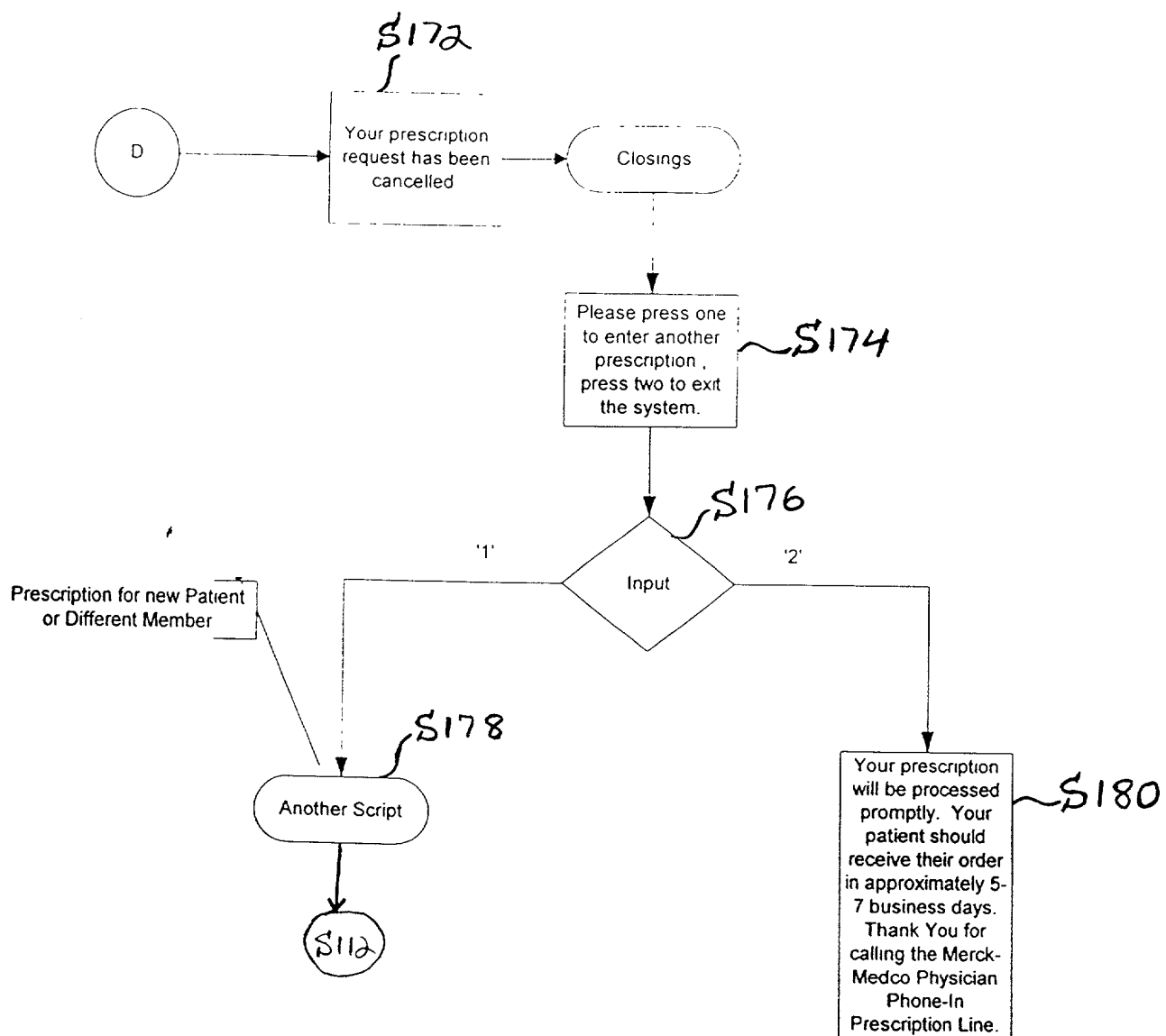


Figure 5E

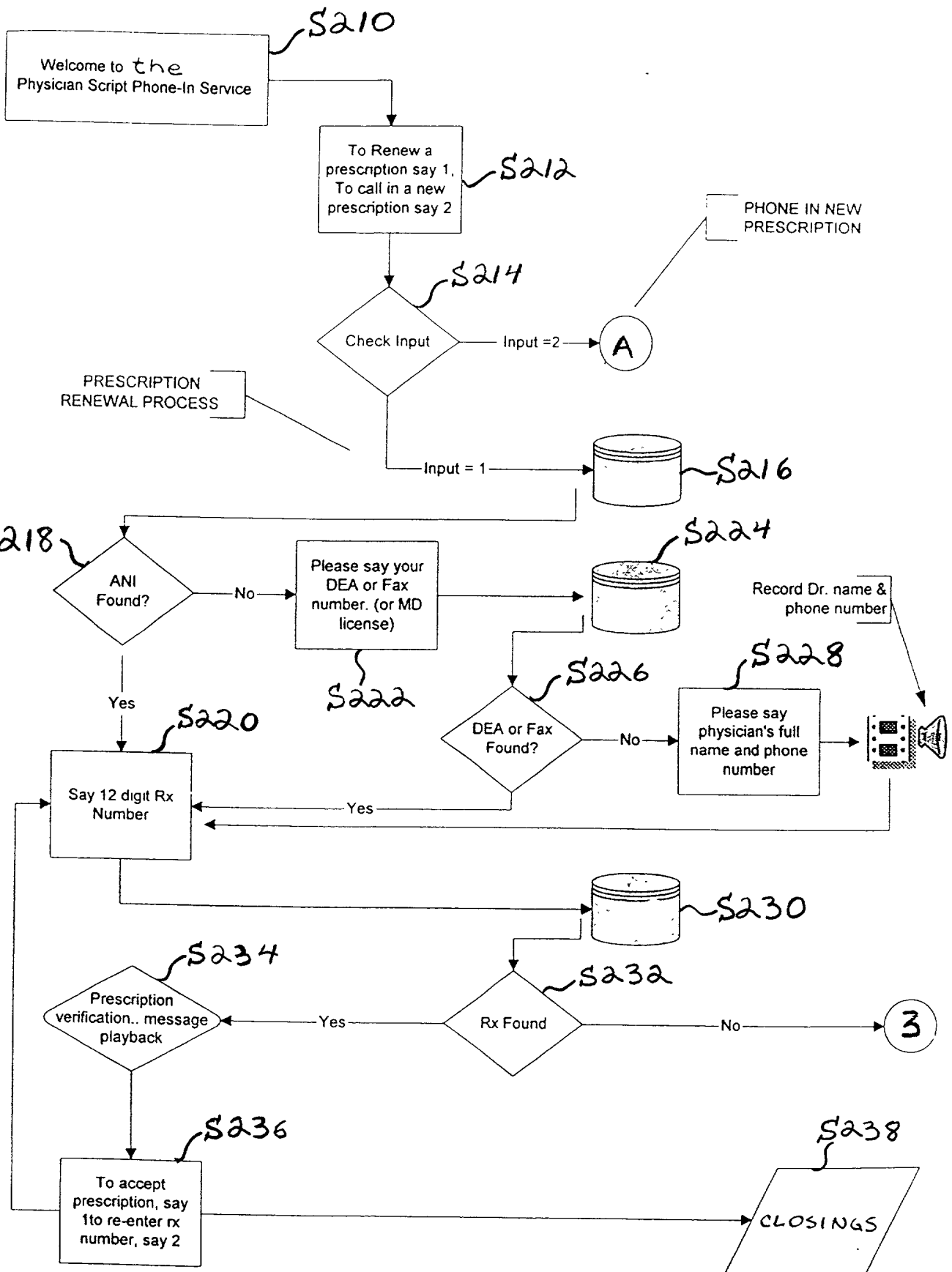


Figure 6A

20091111 11:55:00

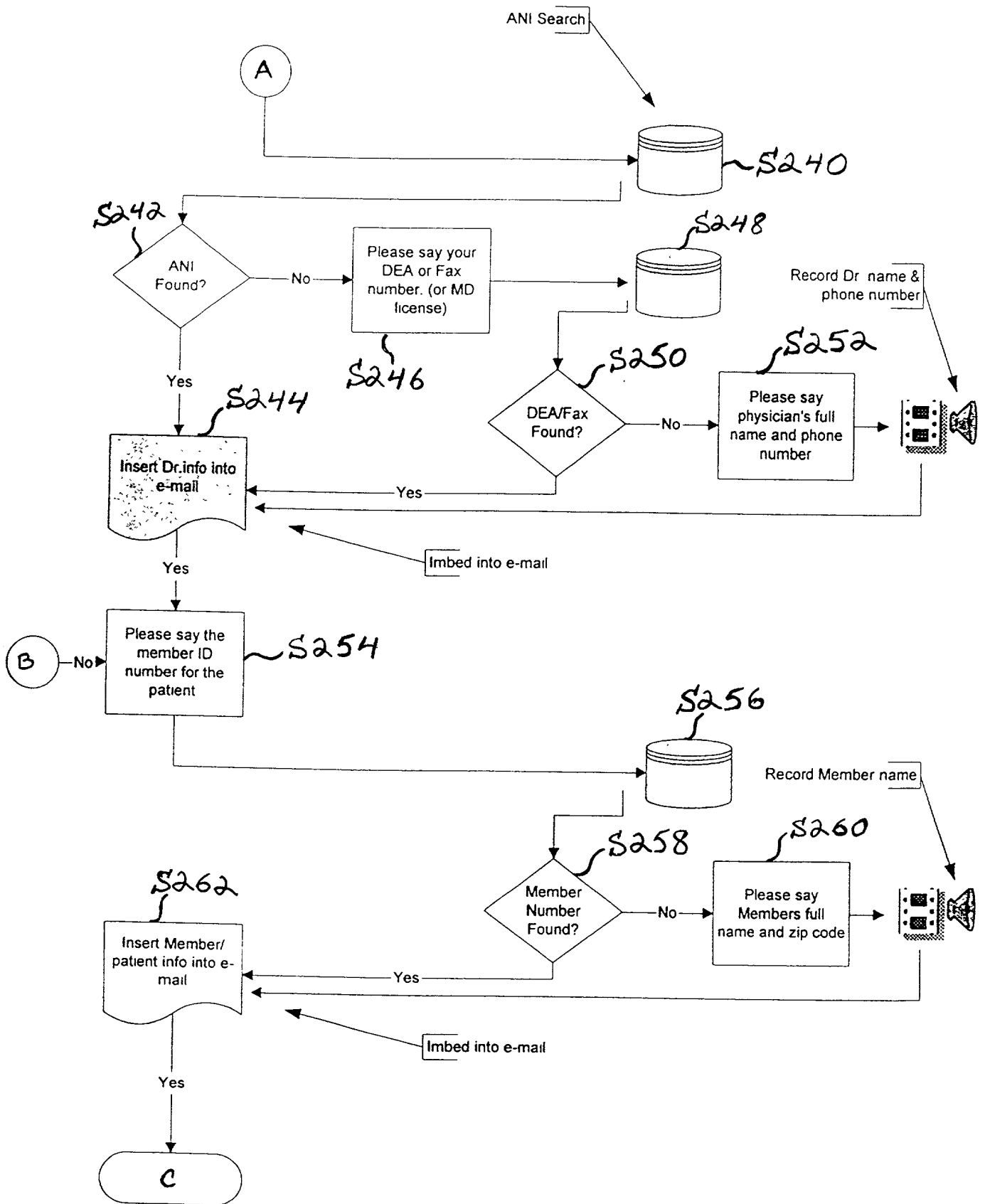


Figure 6B

This group of recordings will be saved as the admin info "member id".wav file. This .wav file along with the drug info "member id".wav file will be sent to pre-defined email location(s) for transcription. The subject field will be comprised of a numbering scheme that will uniquely identify the record while associating the two wav files

Message will be based on MD state restrictions. Some MD's might have a choice of Brand or Generic.

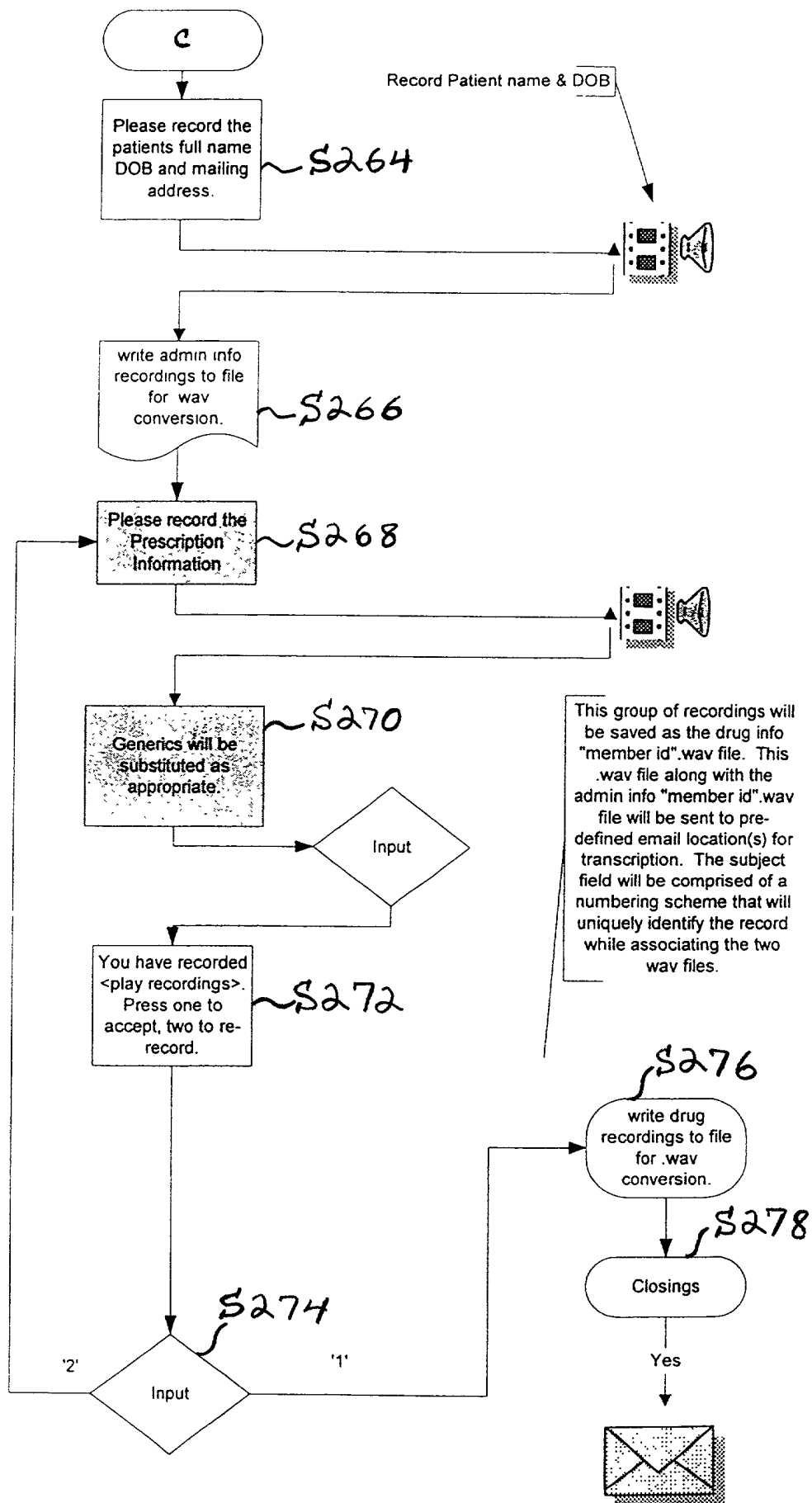


Figure 6c

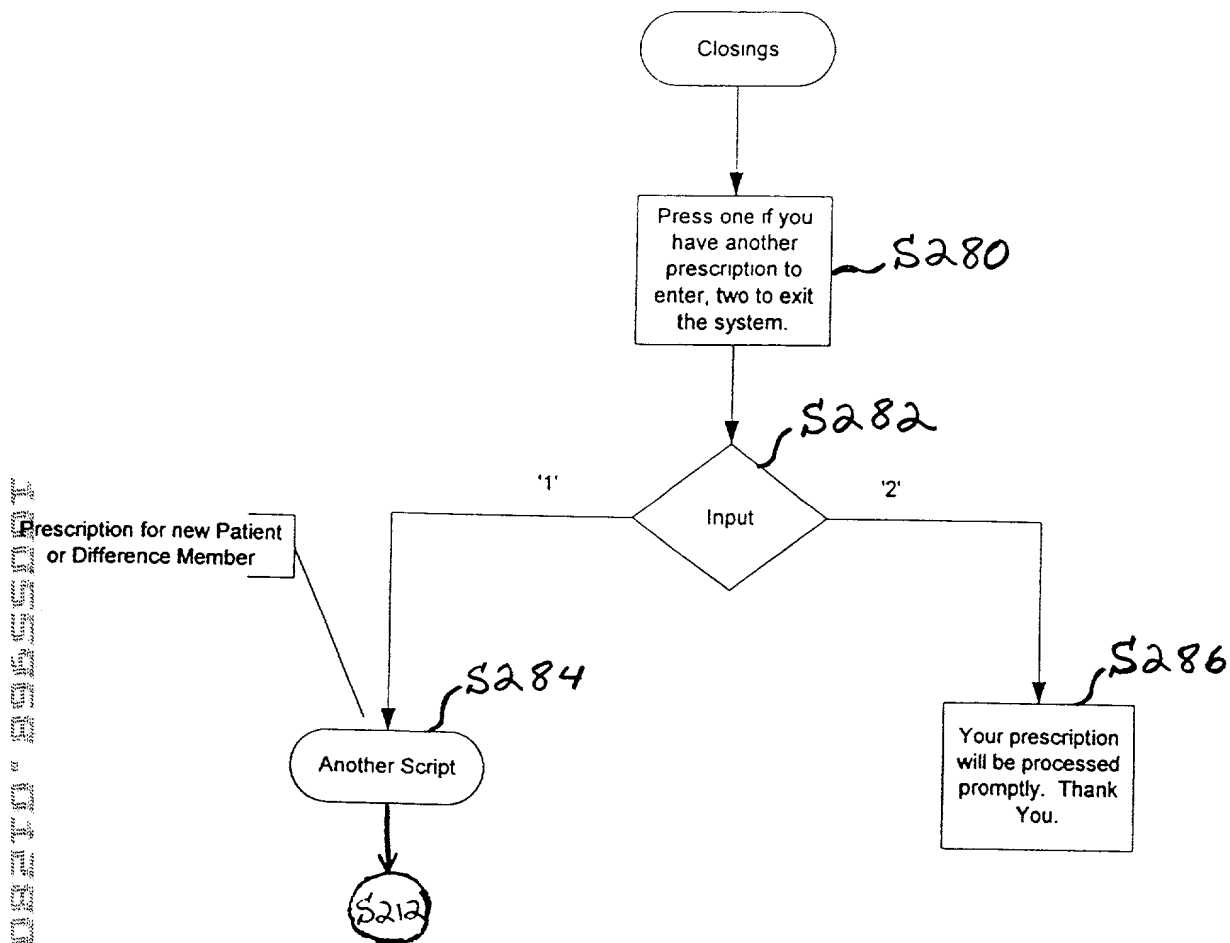


Figure 6D

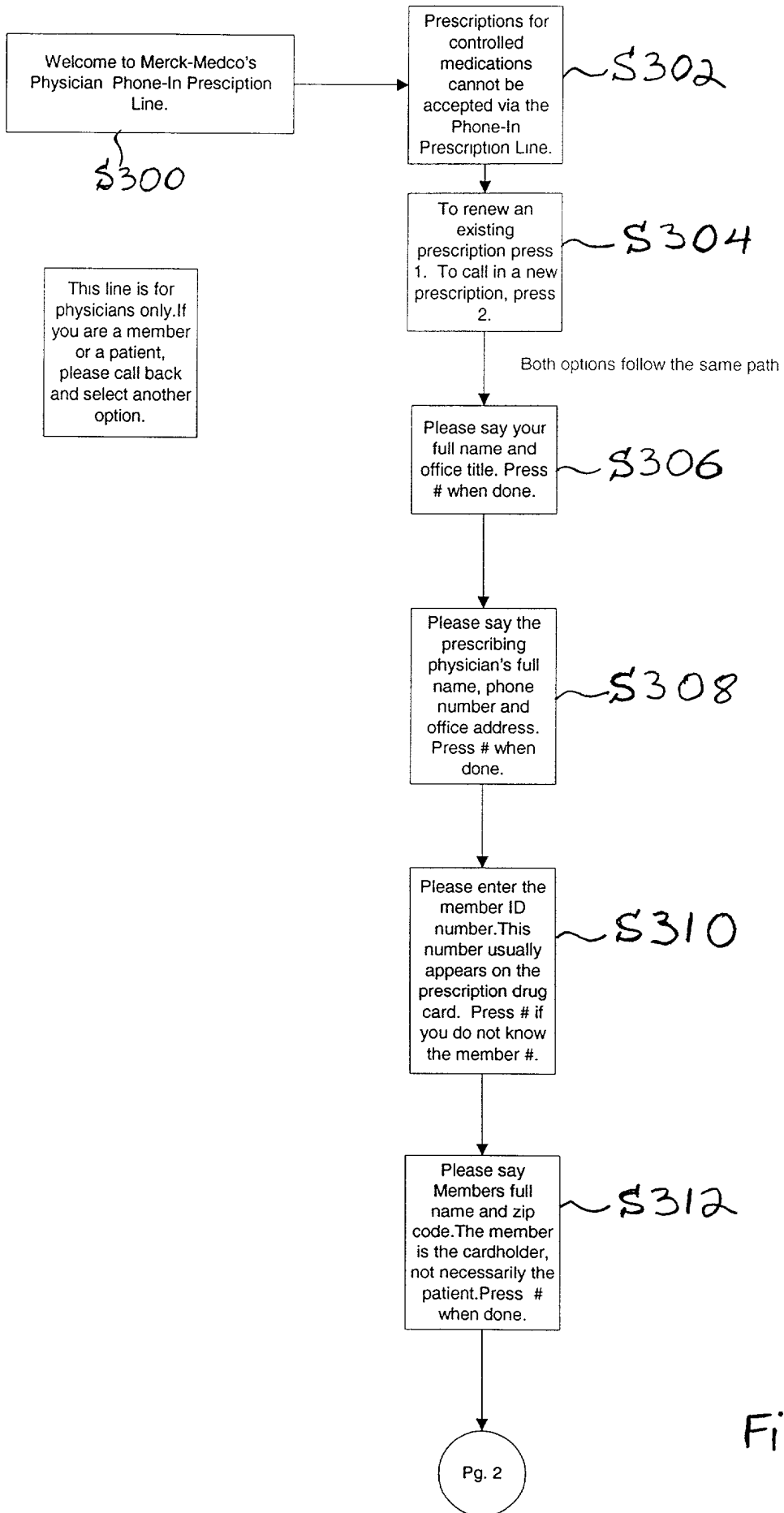


Figure 7A

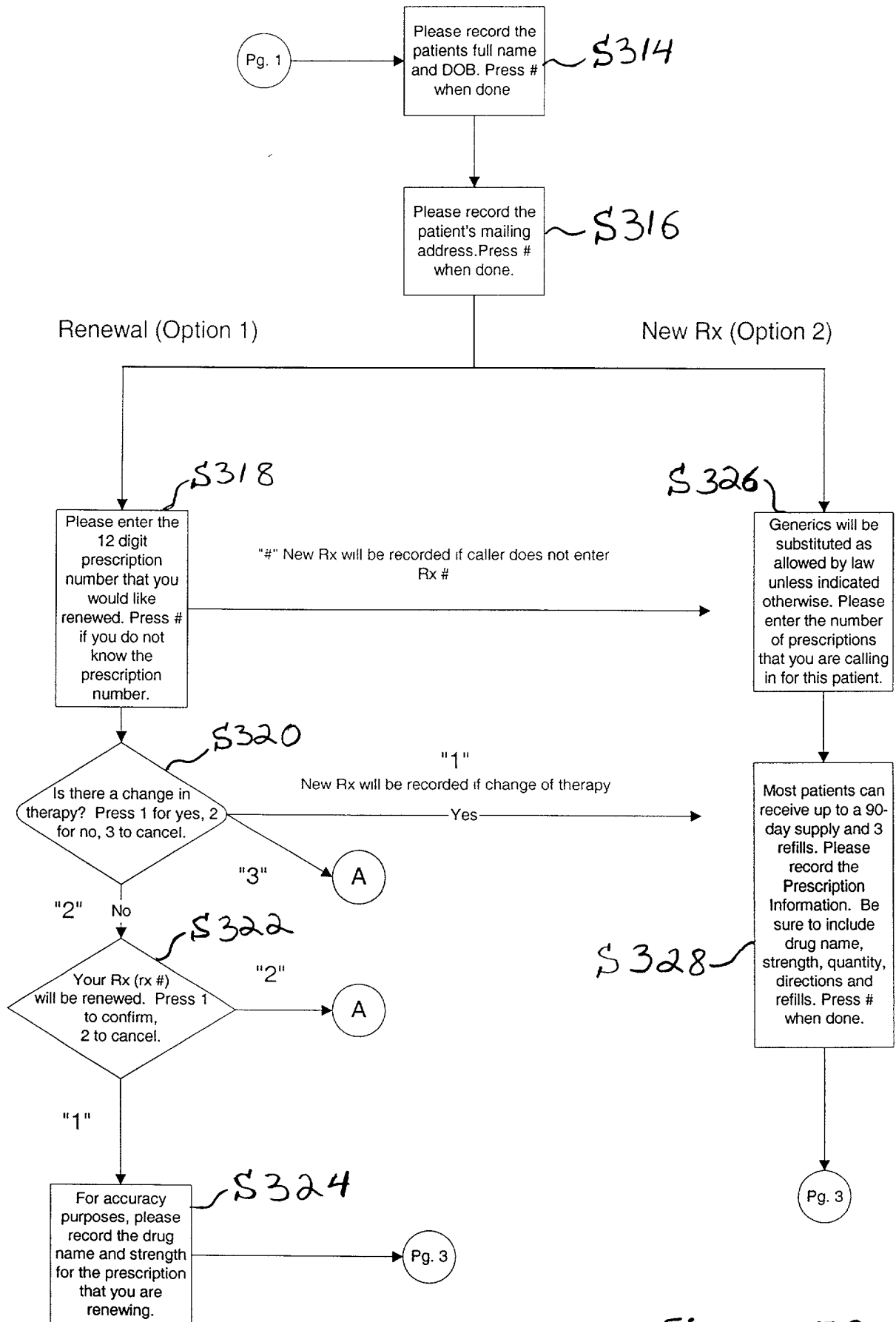


Figure 7B

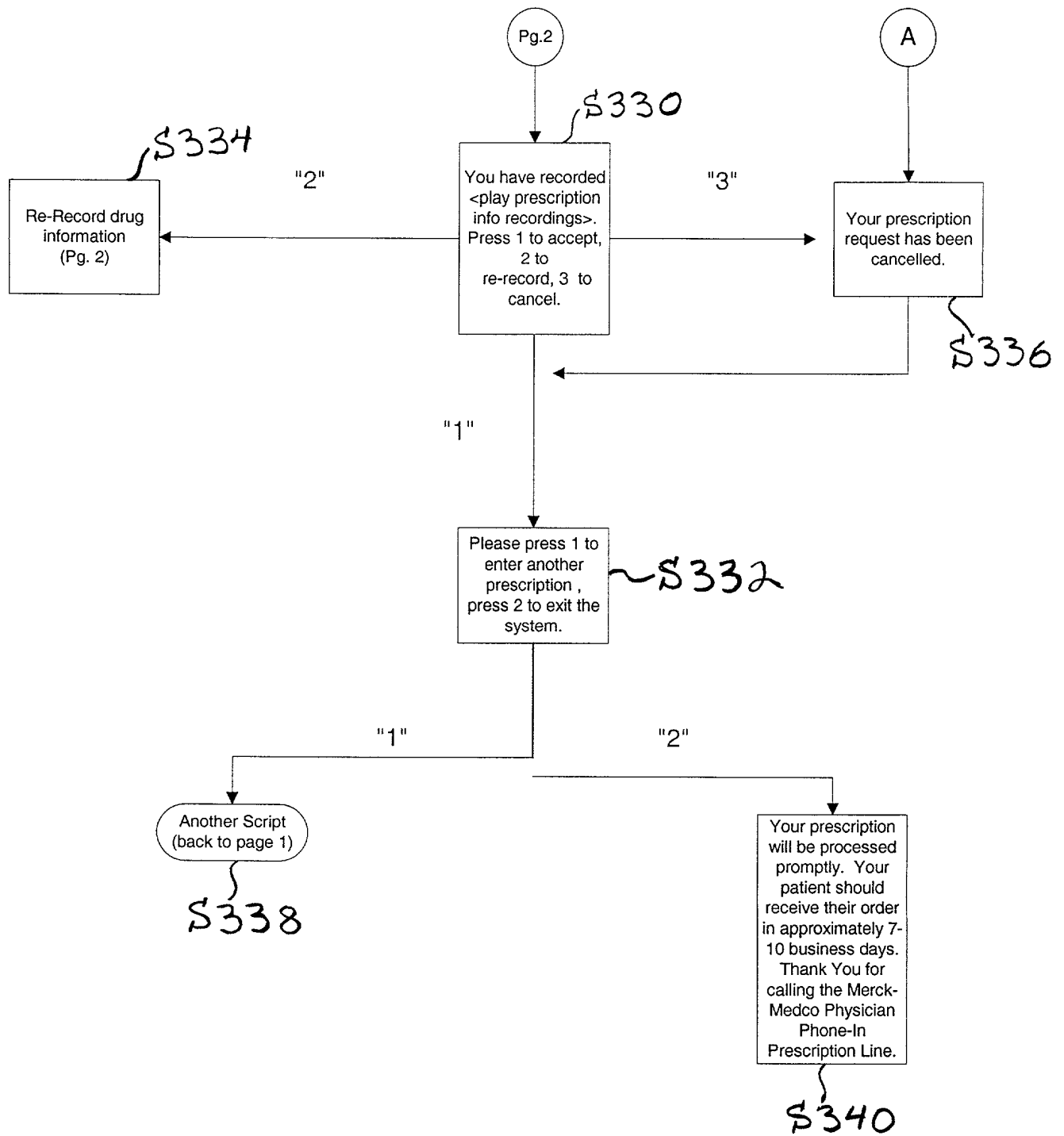
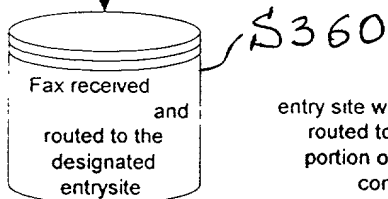
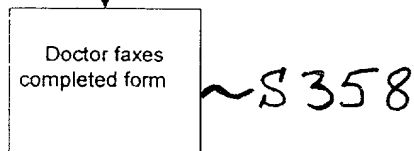
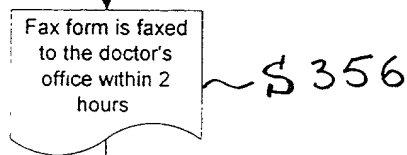
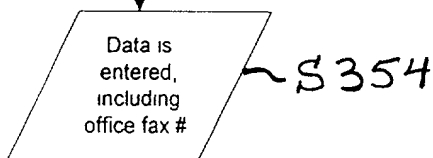
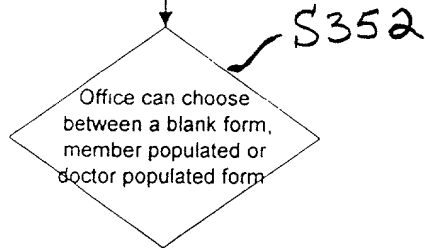


Figure 7C





Fax can either be routed to entry site where it is printed (only nevada, t1,t2 or va)/ The res routed to eviue where the non-pharmacist enters non-clinical portion of the prescription ( ie header). It is then routed to the cognitivie service pharmacy for order completion.

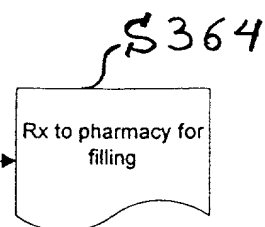
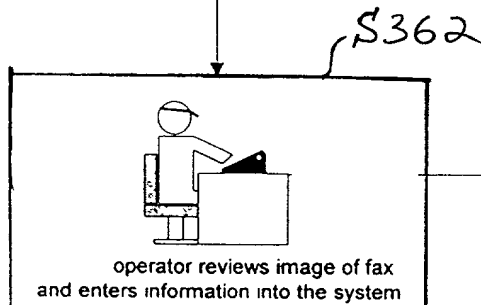


Figure 8

Please fully complete steps 1 to 4 below to help ensure timely processing of your patient's prescription  
**Questions? Call Customer Service**

34191



**STEP 1** Fill in both the **Subscriber** and the **Patient** information below.

**Prescription Drug** \_\_\_\_\_

**Card Member #:** \_\_\_\_\_

(Usually different than the health plan ID #) \_\_\_\_\_

**Subscriber Information (card holder):**

**Name:**(First) \_\_\_\_\_ (Last) \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Patient Name:** (First) \_\_\_\_\_ (Last) \_\_\_\_\_ **DOB:** \_\_\_\_\_

**STEP 2:**

Confirm your office's secure fax #.  
 Check the box to indicate a change,  
 and write in the correct #.

☐ New fax #: \_\_\_\_\_

**STEP 3:**

Complete for new patients or for  
 patients with changes in health.

*Please check all that apply:*

**Allergies:**

- ☐ None    ☐ Sulfa    ☐ Penicillin  
☐ Aspirin    ☐ Codeine    ☐ Iodine

**Medical Conditions:**

- ☐ Heart    ☐ Asthma    ☐ High B.P.  
☐ Ulcer    ☐ Glaucoma

**Other** \_\_\_\_\_

**STEP 4** Please tape the prescription from your prescription pad here  
 (Most patients can receive up to a 90-day supply and 4 refills)

**TAPE PRESCRIPTION HERE**

**Please confirm you have included:**

*On the form:*

- Subscriber's Drug Card Number

*On the prescription:*

- Patient's Full Name
- Patient's Date of Birth
- Date Prescription Written
- Your Signature

Figure 9

# Autofax Flow Renewal

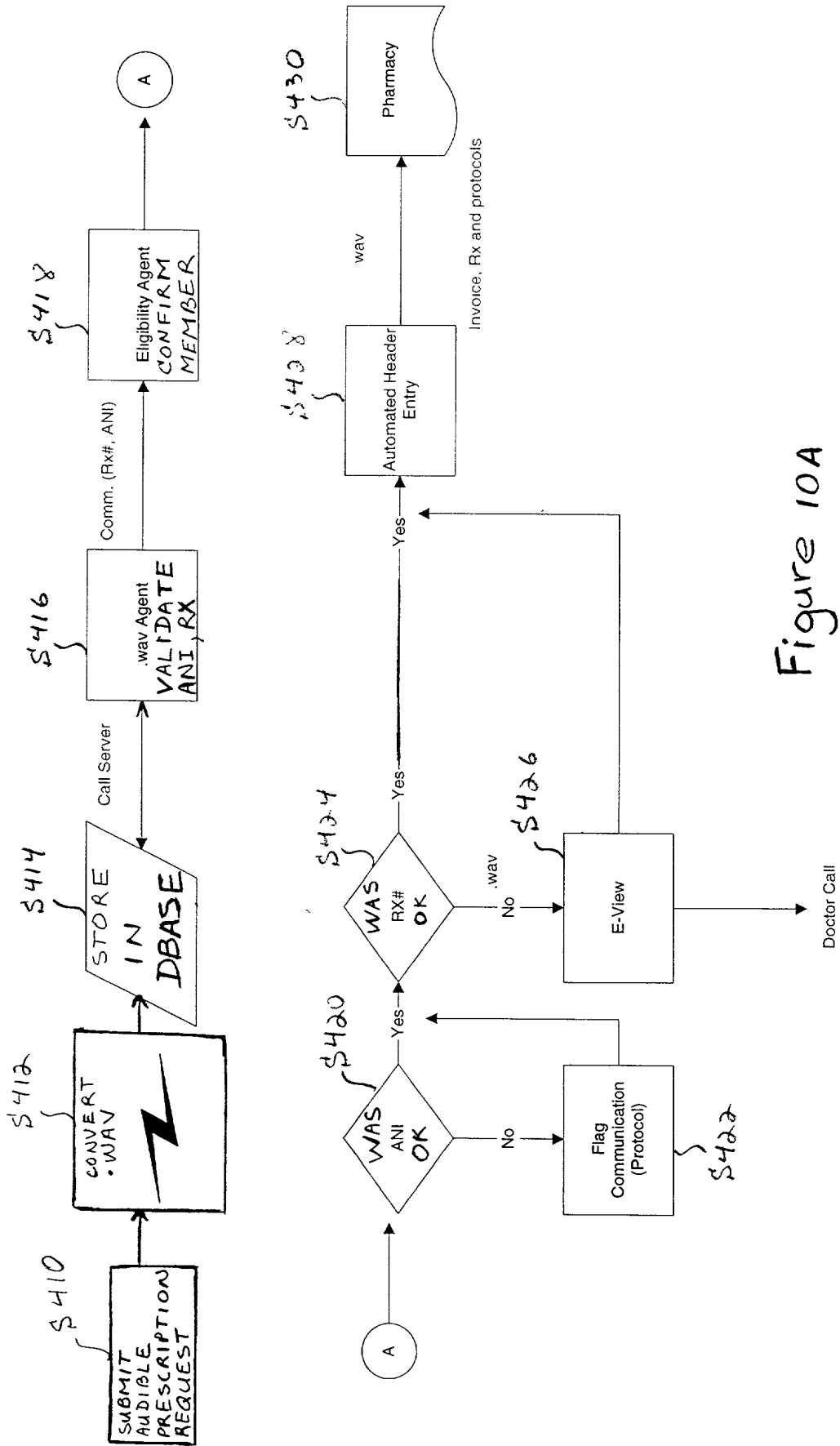
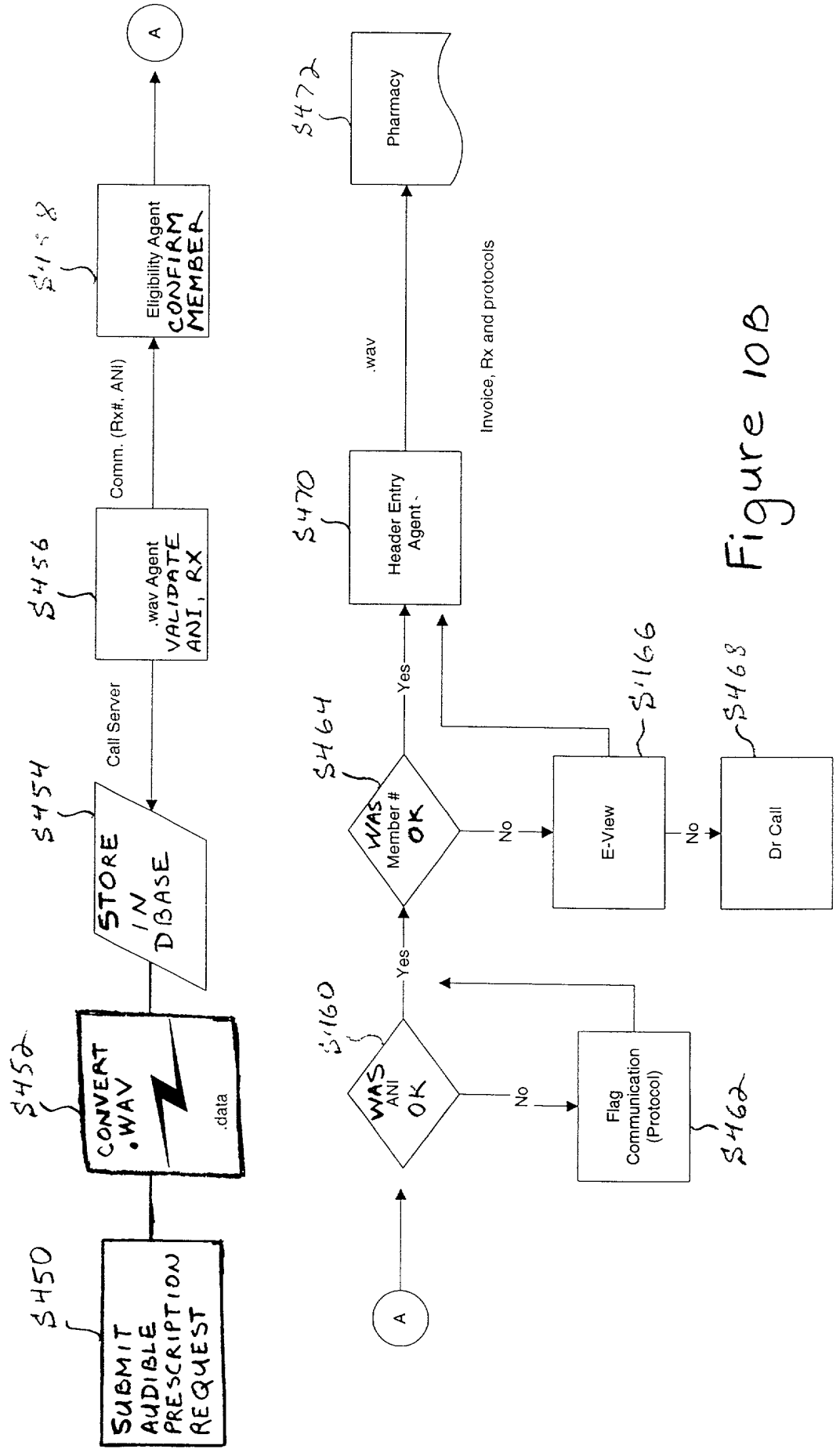
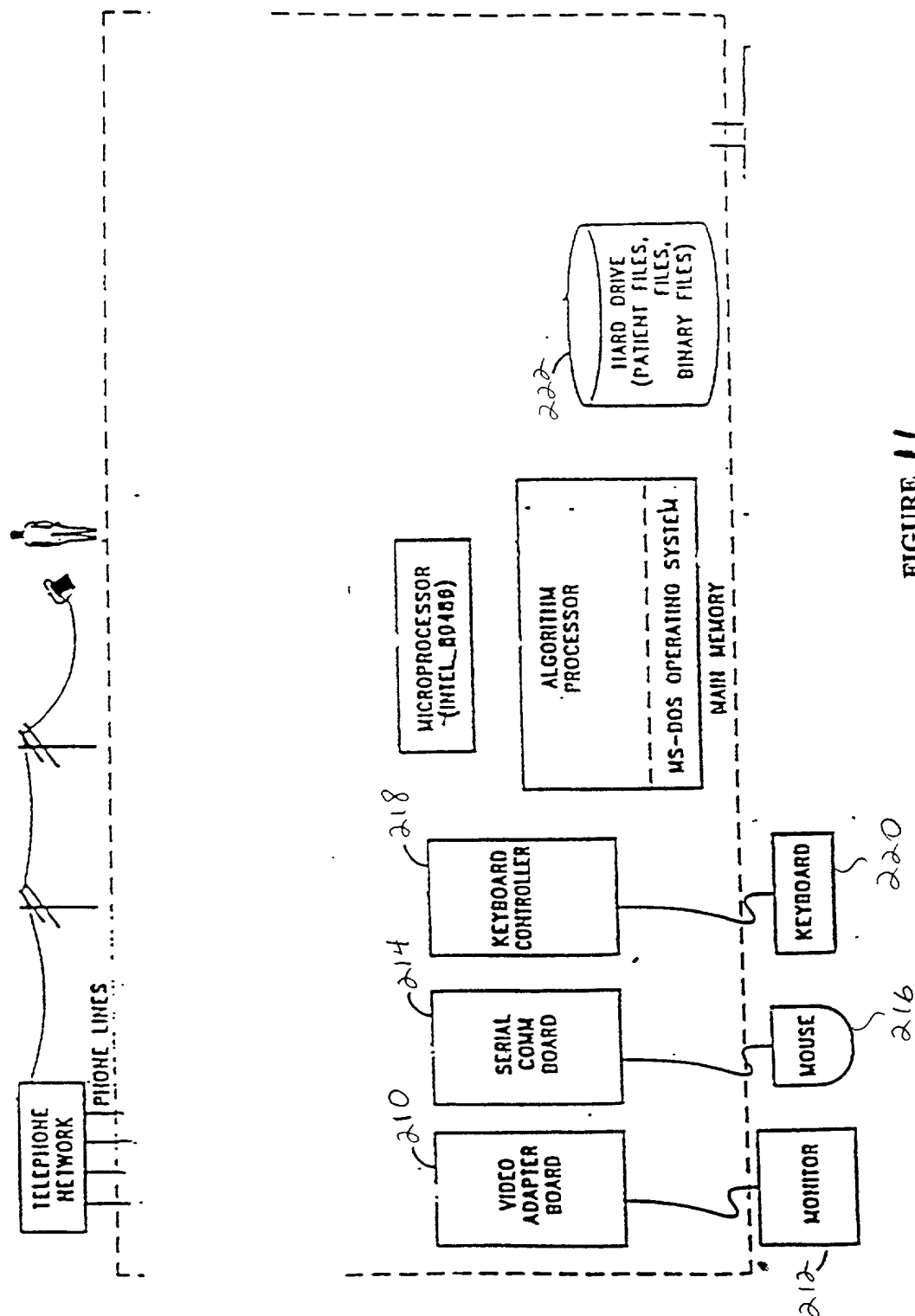


Figure 10A

# Autofax Flow New Rx



It is my wish that you should be able to read the following words in the English language.



**FIGURE 11**  
**COMPUTER**

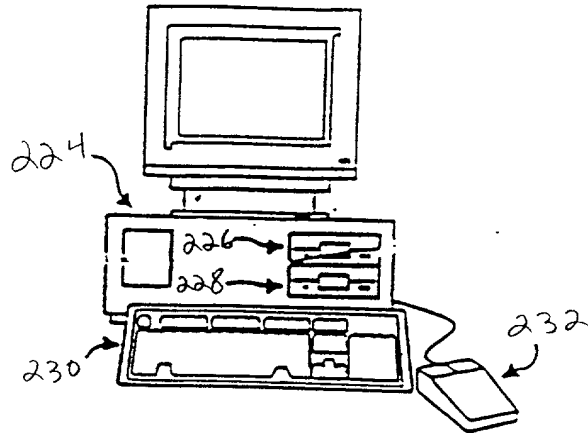


FIGURE 12  
COMPUTER CONCEPTUAL

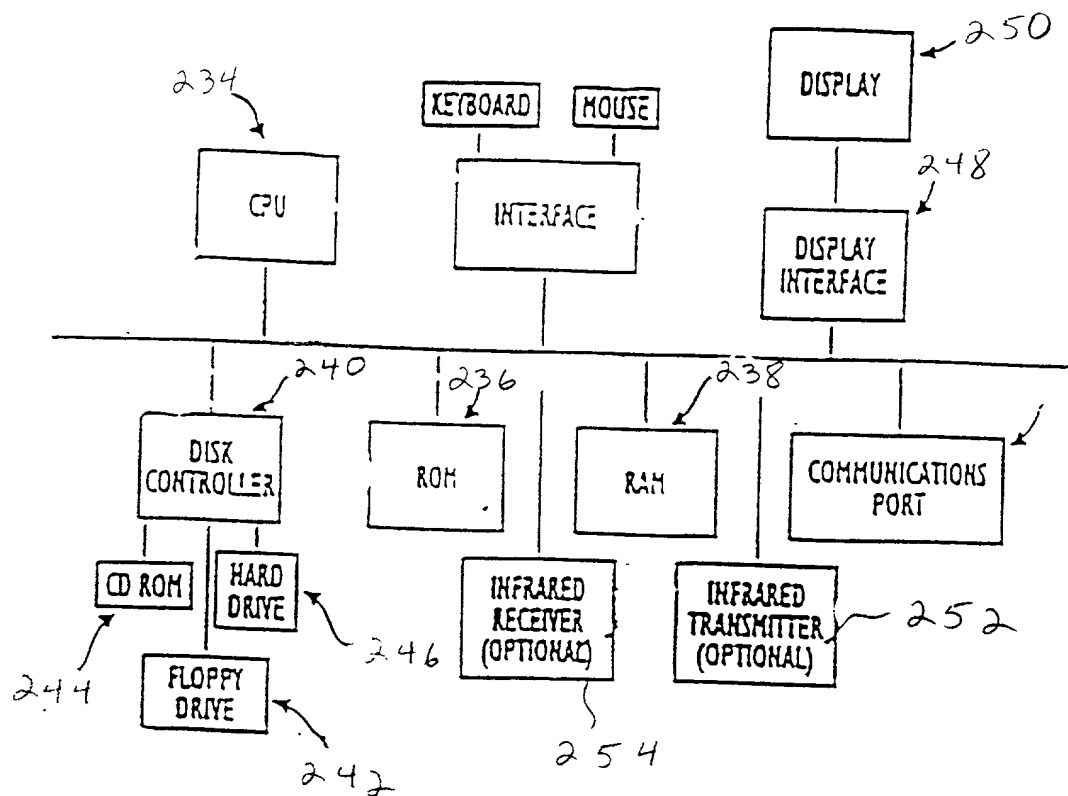
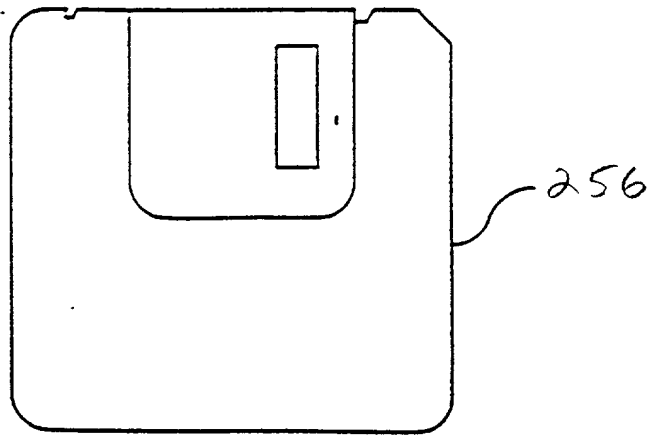


FIGURE 13  
FLOW OF POTENTIAL  
COMPUTER PROCESS



**FIGURE 14**  
**CONCEPTUAL VIEW OF**  
**MEMORY STORAGE MEDIUM**